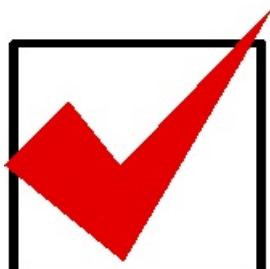


DO NOT FAX TRAVEL

USE PHYSICAL ADDRESS ONLY NO POST OFFICE BOXES



TRAVEL EXPENSE REIMBURSEMENT PROCEDURES

The Division of Public Defender Training must comply with the MS Department of Finance and Administration (DFA) Travel Policy Rules & Regulations. If you have any questions, please contact Berenda Pendleton at 601-576-4210

Please mail your **signed** Travel Voucher to:

STATE OFFICE OF PUBLIC DEFENDER

ATTN: Berenda Pendleton

P O Box 3510

Jackson, MS 39207

Checklist:

- ☐ 1. Expense reimbursements due within **THIRTY (30) DAYS**.
- ☐ 2. Please include your **NAME, and TITLE on both pages**
- ☐ 3. The Current Reimbursement Rate for Mileage is \$.54 per mile.
- ☐ 4. Your signature must be in **ink** at the bottom of the voucher.

TRAVEL VOUCHER

State of Mississippi: MS OFFICE OF STATE PUBLIC DEFENDER - TRAINING DIVISION - FUND 3100
(Agency or Institution)

Name: _____ PIN/WIN #: _____

Address: _____ PID#: _____

| Check One: | |
|-----------------|--------------------------|
| Employee | <input type="checkbox"/> |
| Contract Worker | <input type="checkbox"/> |
| Board Member | <input type="checkbox"/> |

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from
May 12, 2016 to May 13, 2016. The itemized statement follows.
(date) *(date)*

| | | | | | | | | |
|----------------|----------|--|--------------|--|----------------|--|-------------|--|
| Check Box(es): | In-State | | Out-of-State | | Out-of-Country | | PTE Request | |
|----------------|----------|--|--------------|--|----------------|--|-------------|--|

| Prior to Trip Expenses (PTE) Request: | |
|---------------------------------------|------------------------------|
| Lodging | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Public Carrier | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |

| Payment Information <i>(Traveler complete, if known)</i> | |
|--|--|
| Trip # | |
| Travel Voucher # | |
| SAAS Ag # | |
| SPAHS Ag # | |
| Fund # | |
| Activity / Location | |
| Org / Sub Org | |
| Rpt Category | |
| Project / Sub Proj | |

| | |
|---------------------------------|-------------------------|
| Per Diem in Lieu of Subsistence | XXXXXXXXXXXXXXXXXXXXXXX |
| Taxable Meals | XXXXXXXXXXXXXXXXXXXXXXX |
| Non-Taxable Meals | |
| Lodging | |
| Travel in Private Vehicle | |
| Travel in Rented Vehicle | |
| Travel in Public Carrier | |
| Other: | |
| | |
| Sub Total | |
| Less: Travel Advance | XXXXXXXXXXXXXXXXXXXXXXX |
| Less: PTE Lodging | XXXXXXXXXXXXXXXXXXXXXXX |
| Less: PTE Public Carrier | XXXXXXXXXXXXXXXXXXXXXXX |
| Net Payment (Overpayment) | |

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

Traveler: _____ Title: _____ Date: _____

Approved by: _____ Title: State Defender Date: _____

Verified by: _____ Title: Office Manager Date: _____

Enter 1 if overnight stay is required.
Enter 2 if overnight stay is NOT required.